

2004 ANNUAL REPORT

GEORGIA

Message from the Chairman



Since beginning my service with the State Board of Workers' Compensation in 1987, I have witnessed and participated in many positive changes both at the Board and in the workers' compensation system in Georgia. During my tenure as Chairman, the Board's staff has been dedicated to building on past improvements and developing strategies to meet new challenges and enhance the effectiveness of the agency in fulfilling our mission.

This annual report contains information on the activities and operations of the Board's Divisions for the past fiscal year and summary snapshots of claims data. It is intended to provide an overview of the system for policy makers and stakeholders.

This past year saw tremendous strides toward implementing the new technology program for integrated claims management. Each division of the Board, working in cooperation with focus groups representing the many stakeholders, has been involved in the planning and development of this technology initiative. After several months of intensive work, the coming year will bring the phase in of the new system beginning in May 2005 and continuing through the calendar year. Thank you to all of you who volunteered your time and provided your perspectives on the development of the integrated claims management system. We here at the Board look forward to your continuing input in perfecting the new technology to best serve our stakeholders and carry out our mission.

I thank our staff for their hard work and dedication to serving the people of Georgia. I am also very grateful for the time and expertise volunteered by the members of the Advisor Council and the Steering Committee. Their success in assisting the Board, the Governor's office, and the legislature with developing policies and educational programs is reflected in the improvements to the performance of the workers' compensation system in Georgia today.

Sincerely,

Judge Carolyn C. Hall Chairman

MISSION STATEMENT

MISSION VALUES

Georgia legislature, the State Board of Workers' Compensation serves over a quarter of a million employers in Georgia and over 3.8 million workers.* The State Board is funded by assessments from insurance companies and self-insured employers.

Ainjured on the job and is covered by the law may be eligible for replacement of a portion of lost wages, medical payments, vocational rehabilitation services and other benefits.

stablished in 1920 by the n employee that is

*Georgia Department of Labor Estimates

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AT-A-GLANCE **Published by ORGANIZATION Georgia State Board of Workers' Compensation** Introduction 270 Peachtree Street, N.W. Message from the Board Atlanta, GA 30303 Organizational Structure Governor Sonny Perdue **ACHIEVEMENTS & ACTIVITIES** Chairman Administrative Services Division Judge Carolyn C. Hall Alternative Dispute Resolution Director Judge Viola S. Drew **Appellate** Director Claims Processing Judge Warren Massey Enforcement **Executive Director** Stan A. Carter Hearings **Chief Administrative Law Judge** Judge William (Bill) Cain Information & Referral Licensure & Quality Assurance Managed Care & Rehabilitation **The 2004 Annual Report** is a presentation of Settlements calendar year 2004 claim information and fiscal year 2004 STATISTICAL CHARTS & TABLES (July 1, 2003- June 30, 2004) operational statistics. SUBSEQUENT INJURY TRUST FUND GEORGIA SELF-INSURERS GUARANTY TRUST FUND **APPENDICES**

AT-A-GLANCE

DECEMBER 31, 2004

T-A-GLANCE A provides a capsule look at the financial information for exception claims and medical only claims by calendar year. Exception claims are those claims that; because of Rehabilitation, mediation, hearings, appellate review or stipulated settlements, require the **Board's** involvement beyond claim reporting. The information presented in At-A-Glance is current as of December 31, **2004**, unless otherwise noted.

		I	I	
	2004	2003	2002	2001
CREATED CLAIMS	32,942	38,953	40,834	42,351
Open	18,349	13,147	8,754	6,015
Closed	14,593	25,806	32,080	36,336
WC-4 CASE PROGRESS REPORT				
Total Weekly Benefits \$	52,544,199	205,685,035	345,269,879	452,944,239
Physicians Benefits	18,786,118	71,025,150	98,419,180	115,590,158
Hospital	21,237,304	74,031,537	103,562,088	108,952,281
Pharmacy Benefits	2,228,745	13,310,026	16,292,692	22,426,219
Physical Therapy	4,087,587	15,669,193	22,731,637	24,696,617
Chiropractic	184,654	581,687	641,805	850,247
Other-Med	7,577,023	29,521,285	40,860,130	43,920,281
Rehabilitation	2,265,889	9,647,745	14,281,232	15,706,023
Late Payment Penalties	227,605	714,396	1,068,232	1,361,472
Assessed Attorney's Fees	77,841	466,496	917,535	1,570,699
Burial	245,592	487,080	626,552	752,815
TOTAL	109,462,557	421,139,630	644,670,962	788,771,051
AVERAGE COST OF A CLAIM \$	3,323	10,811	15,788	18,625
AVERAGE LOST WORK DAYS	35	71	105	128
MEDICAL ONLY CLAIMS:				
WC-26 MEDICAL ONLY COUNT	99,053	128,469	153,420	182,150
TOTAL MEDICAL ONLY PAID \$	50,053,479	64,348,850	78,337,494	82,173,270
TOTAL PAYMENTS ALL				
CLAIMS \$	159,516,036	485,488,480	723,008,456	870,944,321

INTRODUCTION

It has been 85 years since the Georgia
Legislature enacted the Workers' Compensation
Law in 1920. The law created an organization called the Industrial
Commission, the forerunner of today's
State Board of Workers'
Compensation, to encourage safety and assure benefits for injured employees.

Prior to the passage of the law, an employee who was injured on the job could not expect benefits from the employer. Men, women, and children were often subjected to harsh and oppressive working conditions with little or no recourse for work-related injuries. Courts often denied recovery to employees by holding that employees assumed risks in taking the job, were negligent, or were barred from recovery by the negligence of a fellow employee. Filing a suit in court was also unsatisfactory because trials were expensive and often lengthy. This posed a problem to an employee who needed money immediately to pay for medical expenses and replace lost wages. A successful suit could also force a small company out of business.

Today, the workers' compensation law provides for specific benefits to be paid to employees for injuries arising out of and in the course of employment, without regard to negligence or fault, and at the same time, provides the employer with limited liability. The rights granted an employee under the law preclude any other legal remedies against an employer by an employee due to a work-related injury.

The law is applicable to all employers, including public corporations and nonprofit organizations that have at least three full-time or part-time employees. There are several categories of workers who are specifically exempted from the workers' compensation law: federal government employees, railroad employees, farmers and farm laborers, domestic servants, business partners, some corporate officers, and independent contractors.

If facts concerning a claim are contested or liability is questioned, either the employee or the employer/insurer may request a hearing before an Administrative Law Judge. If either party is dissatisfied with the hearing decision, a party may request a review by the Appellate Division. Further appeals may be taken through the court system; however, the courts can review only disputed questions of law while Administrative Law judges and the Appellate Division determine both factual and legal issues. In addition to a hearing, a party may also request mediation to attempt to resolve certain issues.

Although the Subsequent Injury Trust Fund is a separate state agency, the Board and the Fund work closely together. The Fund reimburses the employer/insurer for a portion of workers' compensation benefits paid in cases where a pre-existing permanent impairment combines with a subsequent injury to produce a greater disability than would have resulted from the subsequent injury alone.

In Georgia, employers obtain worker's compensation coverage through private insurers or programs of self-insurance. The workers' compensation program is funded entirely by assessments from insurance companies and self-insured employers.

MESSAGE FROM THE BOARD

Carolyn C. Hall, Chairman Viola S. Drew, Director Warren Massey, Director

The Board is pleased to report that the workers' compensation system in Georgia remains strong. Overall costs in the system remain low as compared to the costs of workers' compensation in other states. Despite growth in the state work force, the number of claims with lost time continues to be relatively low as compared with other states. These results are due, in part, to positive changes implemented within the system over the past few years.

The Board relies on the input of representatives in the industry and state government working together as an Advisory Council to improve workers' compensation in Georgia. Each year the Advisory Council makes recommendations for changes in the laws and rules and regulations to improve the system for all participants in Georgia. Modifications made to the system are designed to foster the principle of fundamental fairness to all parties and to insure that injured employees receive quality medical care, the appropriate income benefits and return to suitable employment.

We continue to see improvements within the operations of the Board as well. Mediations are still achieving a success rate of approximately 80% in resolving issues that would otherwise require litigation. The Enforcement Division generated \$1.9 million dollars in additional workers' compensation premiums for 2003, and 3,750 additional

employees became covered by workers' compensation insurance. This additional coverage provides protection for Georgia's workers who may be injured on the job, and insures fair competition among companies operating in Georgia.

With the assistance of the Education Committee of the Advisory Council and the Steering Committee for the Board's Annual Seminar, we continue to pursue the goal of educating the system participants. The Board is committed to educational efforts and believes that education and communication are vital to the responsiveness of the Workers' Compensation system in Georgia.

The Board's web site, **WWW.SBWC.GEORGIA.GOV**,

is an online source for information and resources available at the Board. Items such as current Board forms, the Board rules, the Board's education schedule, the Safety Library and other useful information are available electronically.

Our entire agency is committed to making the workers' compensation system in Georgia one that is fair and responsive to workers and businesses throughout the state. We welcome any comments or questions you may have.

ADMINISTRATIVE SERVICES

The Administrative Services Division has responsibility for accounting, payroll, budget, supplies, property management, training, personnel, annual reports, and IT infrastructure support.

The Accounting Section provides internal support services to the Atlanta office of the State Board of Workers' Compensation and ten field offices. These services include responsibility for payroll, purchasing, inventory controls, calculation of annual and supplemental assessments, and budget reports. Assessments from approximately 527 selfinsured employers plus 365 insurance companies writing workers' compensation coverage in Georgia fund the administrative expenses of operating the Board.*

Annual Operating Budget Assessment Figures

The **Training Section** continues to expand educational efforts on Workers' Compensation to the general public and in staff development.

Six Regional Educational Seminars were held throughout the state allowing local area attendees to gain first hand knowledge about the provisions of the workers' compensation act. The agenda focused on handling and recognizing noncatastrophic claims, potential catastrophic and actual catastrophic claims. Attendance at the six seminars totaled approximately 500 individuals from the workers' compensation community.

The three-day **Annual** Educational Seminar held in August of each year remains one of the most comprehensive workers' compensation conferences in the southeast. The seminar consisted of four concurrent workshops, a Medical Session, a Legal Session and Claims/Insurer/Self-Insurer Session, a Disability Management and Rehabilitation Session and an Ethics Session. The workshops featured approximately 80 experts representing various components of worker' compensation. Approximately 800 hundred attendees and eighty vendors participated. A major component of the annual event is the provision of continuing education certifications.

The State Board has credentials as a provider for the following professions at the 2004 Annual **Educational Seminar:**

American Association of Occupational Health Nurses-AAOHN

Certification for Case Managers-CCM

Certified Disability Management Specialist-CDMS

Certified Registered Rehabilitation Nurse-CRRN

Certified Rehabilitation Counselor-CRC

Certified Work Adjustment and Vocational Evaluation Specialists-CWAVES

Continuing Legal Education-CLE

Court Reporters Training Council of Georgia-CRTC

Georgia Insurance Agents

Licensed Professional Counselors-LPCA

Industrial Hygienist-ABIH

The Training Section continues to provide quality educational opportunities for the worker compensation community as well as ensuring a quality standard of service through continued staff development.

Since 1994 the Board has utilized the services of the Georgia State mainframe to manage the workers' compensation claims database. With the approval and funding for a new state of the art follow on system, the IT Section experienced exponential growth in the services required to support the new Integrated Claims Management System (ICMS) while maintaining the legacy systems. In addition, SBWC implemented a plan to upgrade all of the communication services that connected the nine field offices to the main office in Atlanta to MPLS Managed Services provided by the Georgia Technology Authority. MPLS will provide the communications network infrastructure to support ICMS.

The primary goal of the Personnel Section is the selection and retention of individuals with the required skills to implement and support the Board's mission. To accomplish this and auxiliary goals, the Personnel Office is responsible for developing sound practices and procedures. which meet both federal and Georgia State employment guidelines and statutes and for providing an environment where employees become more productive and provide quality service to the constituency.

ALTERNATIVE DISPUTE RESOLUTION

The Mission of the Alternative Dispute Resolution (ADR)
Division is to provide parties to workers' compensation claims with alternatives to litigation whereby they can obtain final and expeditious resolution of disputes.

The ADR Division provides relief to the parties to a workers' compensation claim by providing an efficient, quick, and costeffective alternative to litigation. Issues addressed by this Division include: requests for change of physician, approval of income benefits to an employee, average weekly wage disputes, suitability of light-duty employment, provision of medical treatment, resolution of medical disputes, attorney fee lien disputes, and settlements.

The goal of ADR is to resolve disputes quickly and eliminate the need for hearings or rulings on motions. Since the introduction of the Board's ADR services in July 1994, generally, the number of hearings and appeals has decreased as the number of mediations has increased. In addition, those matters which do require evidentiary hearings can be disposed of more expeditiously.

The ADR Division conducts mediation conferences on a number of issues, including settlement of claims, as well as issues rulings on a variety of motions and requests for changes of physician or medical treatment. The ADR Division currently includes six staff attorney/mediators and two Administrative Law Judges. Mediations are held in seventeen locations throughout the state, at locations that are convenient to the parties. Requests for intervention are handled by mediation conferences, telephone communications, conference calls, or by issuance of orders.

During the 2004 calendar year, more than 6,000 files were referred to the ADR Division for disposition. Of these, over 5,000 mediations were scheduled on average in less than 10 days of receipt of a request for mediation. Of those claims that were scheduled for mediation conferences, approximately 85% were successfully resolved. As to issuance of orders, the ADR Division issued approximately 1300 orders, averaging 22 days from receipt of the motion to issuance of an order.

APPELLATE

The three-member
Board constitutes the
Appellate Division
and is responsible for the
administration of the
Workers' Compensation
Act. The responsibilities
of the Board are divided
into judicial,
administrative, and
regulatory functions.

In their judicial capacity, the members of the Board function as a three-judge appellate review panel. The Appellate **Division** hears and reviews cases when a party to a claim files an appeal from an award of an Administrative Law Judge of the Trial Division. The Appellate Division issues a written decision either adopting, amending, or reversing the decision issued by the Administrative Law Judge. Currently, the Appellate Division issues decisions, on average, in 60 days from the date of oral argument. During calendar year 2004, the Appellate Division issued over 700 decisions. The Appellate Division also issues orders approving settlements that have been agreed upon and submitted by the parties in a claim. The judicial function also includes the responsibility of reviewing and issuing orders in claims where the employee is requesting an advance or lump sum payment of future benefits. The administrative and regulatory functions include responsibility for maintaining the efficient monitoring of all claims and benefit payments to injured workers, ensuring that employers maintain required insurance coverage, approving applications of insurance companies to write workers' compensation insurance and applications of employers to act as self-insurers, and participating in programs to explain the functions of the Board to the general public. Additionally, the members of the Board work with an advisory council to develop policies and laws affecting workers' compensation and each year, with the advice of the council, promulgates and adopts rules and regulations affecting

workers' compensation processes.

CLAIMS PROCESSING

The Claims Processing
Division includes
Mail Room, Data
Entry, Documents
Processing and File Room
Units. The Claims
Processing Division is
responsible for creating,
maintaining and the
destruction of the Board
files.

The Mail Room Unit is responsible for all incoming and outgoing mail activities. This unit receives over 400,000 pieces of mail yearly from injured workers, employers, insurers/self-insurers, and attorneys. The Board mails out appropriately 500,000 pieces of mail yearly. This unit is responsible for mailing out Board forms. In the calendar year 2004 over 1,000,000 Board forms were mailed out. This unit serves as a receptionist for the Board.

The **Data Entry Unit** is responsible for the coding and quality input of information from forms submitted by injured workers, employers, insurers/self-insurers, and attorneys. Board forms are the source documents for the creation and maintenance of the database of information that allows the Board to serve the injured worker, employers, attorneys and insurers in the Georgia workers' compensation system.

The **Documents Processing** Unit is responsible for processing 100,000 pieces of correspondence yearly and the maintenance of the record charge-out system. This unit also researches and enters information from correspondence into the computer. This unit coordinates twice-weekly courier service between Atlanta and the Board's offices in Albany, Augusta, Blairsville, Columbus, Covington, Dalton, Gainesville, Macon. Rome, and Savannah. This unit is responsible for creating new records. A total of 42,789 new records were created during calendar year 2004. This unit is responsible for screening hearing request. A total of 16,321 hearing request were processed and referred to the Trial Section for further action.

The File Room Unit maintains

open claim files, two years of closed files (2003 & 2004) and coordinates the transfer. retention, and destruction of claim files with the State Record Center. This unit processed 47,262 Final WC-4 's for Claims Examiners to review during the calendar year 2004. The File Room maintained approximately 175,000 records at the Board's Atlanta office. In addition, the State Records Center housed approximately 450,000 records, which were closed during calendar years 1995 through 2002. The Board's claim files are destroyed approximately ten years after the date of closing.

Claims Created Per Calendar Year

ENFORCEMENT

The mission of the Enforcement Division is to work with businesses operating in Georgia to assure compliance under the Workers' Compensation Law, to deter fraud through public relations and investigations, and to enforce the rules and regulations of the State Board of Workers' Compensation.

The Georgia General Assembly passed legislation giving the State Board of Workers' Compensation authority to create the Enforcement Division. The Division's primary goal is directed toward educating and assisting injured workers, businesses, medical providers, and others who are involved in the workers' compensation system to achieve a climate which will assure that legitimately injured workers receive all benefits allowable under the law. To successfully accomplish this goal, the Division investigates and prosecutes both employer noncompliance of insurance requirements and fraud throughout the state.

In addition to investigating fraud and non-compliance activities, the Division is responsible for providing security to the Board's administrative courts, staff and facility. A sworn law enforcement officer with the aid of modern magnetic screening devices insures a safe environment for all court participants and Board staff.

Since operations began the Compliance Unit has conducted over 60,000 random and complaint based compliance checks of businesses to insure that businesses with three or more employees have workers' compensation insurance coverage. As a result 7,000 additional businesses have been required to obtain workers' compensation insurance coverage. It is estimated over \$19 million in premium loss has been recovered from these noncompliant employers resulting in insurance coverage for an additional 37,000 employees. In 2004 the Division collected over \$320,000 in fines from employers for their failure to

provide workers' compensation insurance coverage.

The General Assembly granted law enforcement powers to the Division in 1997. The legislation authorizes the Board's fraud investigators, who are Certified Peace Officers, to execute search warrants and make arrests pursuant to workers' compensation investigations.

To date, the Fraud Unit has investigated over 1,600 cases and initiated over 350 criminal arrests of persons suspected of committing workers' compensation fraud. The unlawful obtaining or denying of benefits, insurance fraud and other theft by deception related charges are but a few of the type cases investigated and prosecuted by the Fraud Unit.

The Enforcement Division is now responsible for providing workers' compensation insurance coverage information on employers doing business in Georgia. The Board maintains a database on all self-insured and group fund employers. The Board has direct access to the National Council on Compensation Insurance (NCCI). We are able to access information on dates of coverage for all policies of insurance reported to NCCI by Georgia employers. Over 15,000 requests for coverage information are handled each vear. This information is available to the general public for verification of their employer's insurance coverage. If no coverage can be located the business is subject to an inspection by the Compliance Unit.

HEARINGS

The Hearings Division schedules and holds hearings for those claims in which an evidentiary hearing is requested by one of the parties. Over 15,000 cases were referred to the Hearings Division during the 2004 calendar year. Hearings are held before an Administrative Law Judge in the county where the injury occurs or a county within 50 miles of the country of injury. For the convenience of the parties the judges travel throughout the state to hold hearings on contested claims. Hearings may be held in one of the Board's ten field offices or the judge may travel to a location borrowed from a county or other governmental entity.

In 2004 there were 20 Administrative Law Judges hearing cases. All Administrative Law Judges must have a minimum of seven years experience as an attorney before they can become eligible to receive a judicial appointment and must be an active member in good standing with the State Bar of Georgia. Although hearings are somewhat less formal than those held in a State or Superior Court, the parties are usually represented by attorneys, discovery is conducted in accordance with the Civil Practice Act. the Georgia Rules of Evidence for non-jury Superior Court trials apply, and the proceedings are transcribed by a certified Court Reporter.

Most of the cases referred to the Hearings Division are resolved without a hearing but many require judicial action. The judges dispose of motions filed in cases which are or have been set for hearings. Georgia law requires that cases be scheduled for hearing between 30 and 90 days from the date the hearing notice is mailed. Board Policy is that the notices be mailed within 3 to 5 days from receipt of the file by the judge and that the hearings be scheduled between 45 and 60 days from the hearing notice in order to give the parties time to prepare while trying to expedite the hearing process.

After a hearing, the judges allow time for the preparation and receipt of the hearing transcript and then for the submission of briefs by the parties. The Administrative Law Judge then reviews the evidence admitted at the hearing and the briefs submitted by the parties before issuing an Award in the case. The Administrative Law Judge's

Award must include findings of fact and conclusions of law. The Judges are responsible for scheduling their hearings, ruling on motions, having pre-trial conferences if necessary, presiding over the hearing and issuing Awards in a timely manner. The hearing judge's Award may be appealed to the Appellate Division of the Board within 20 days after the Award is issued. Appellate decisions may be appealed to the Superior Court of the county of injury and then to the Court of Appeals and Supreme Court of Georgia at the discretion of the Court of Appeals and the Supreme Court.

Many positive changes have been occurring in the system in recent years and the Hearings Division continues to strive for even more expeditious resolution of contested cases.

INFORMATION & REFERRAL

The Information & Referral Division is responsible for:

- Providing claims assistance to injured employees, employers, insurers and attorneys concerning the status of their claim and other procedural matters.
 Our Information & Referral Specialists average handling over 4000 calls per month.
- Preparing copies of claim files for parties to the case.
 Our Copy Unit averages copying over 550 files (over 35,000 pages) each month.
- Preparing information for Superior Court Appeals.
 We process an average of over 23 files per month.

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LICENSURE & QUALITY ASSURANCE

The Licensure and Quality Assurance Division certified approximately 450 companies and governmental entities that self-insure their workers' compensation liabilities, 390 insurance companies that write policies of workers' compensation, and approximately 450 rehabilitation suppliers who handle workers' compensation cases.

The Quality Assurance Section of this Division performs audits on 100% of the Employer's First Report of Injury filed by selected insurance companies and self-insurers. Determination is made on compliance with Board rules and regulations to assure that proper payment is being made to injured employees in a timely manner and that penalties are paid when applicable. Our goal is to continually improve the timely payments.

The Quality Assurance Claims Examiners work with the insurers and self-insurers to assist their claims examiners with the many technical aspects involved in filing Board forms correctly and timely. The Quality Assurance Claims Examiners perform other important regulatory functions, such as identifying errors and problems on files assigned to this section. Review protocols include computation of average weekly wages, compensation rates, lost workdays, timeliness of payments, and review of medical reports. Medical reports are reviewed in accordance with American Medical Association (AMA) guidelines to ensure proper payment of permanent partial disability benefits. Compliance with Board rules and regulations is incorporated into all file reviews. During calendar year 2004, the Quality Assurance unit reviewed 155,189 indemnity cases and closed 65,057 cases.

In addition, the Quality
Assurance Claims Examiners
continue to manage and review
the filing of form WC-4,
Delinquent Case Progress
Reports. The Board will
continue to provide quarterly
reports of delinquent filings. In
an effort to improve compliance,
we are issuing penalties for

delinquent submission of the WC-4's.

The Licensure & Quality
Assurance Division provides a
Medical Claims Coordinator who
works with the medical
community and the claims
payers to provide assistance of
proper and timely payment of
workers' compensation medical
hills

The Georgia State Board of Workers' Compensation recognizes the importance of safety in the workplace. To assist the employers in Georgia and promote a safe workplace, the Georgia Workers' Compensation Library was established. The library now consists of over 400 videotapes and 29 manuals on a wide variety of safety subjects, many of which are translated into Spanish. Hundreds of Georgia employers are using materials from the Safety Library for their monthly safety meetings and to teach employees better safety practices. The library is a valuable resource that is available to all Georgia employers.

The Licensure & Quality Assurance Department oversees the Certified Workers' Compensation Professional (CWCP) program that was developed by the Licensure and Self-Insurance Committee of the Chairman's Advisory Council. This is an adjuster's training program and completion of the program certifies the participant as a CWCP by the State Board of Workers' Compensation. In 2004, 135 people earned their CWCP designation and 300 were re-certified as CWCP's.

MANAGED CARE & REHABILITATION

MANAGED CARE:

There are now 14 certified WC/MCOs covering 138,937 employees in 159 counties in Georgia. The cornerstones of the state's certified managed care organizations continue to be: 1) Case Management without need for written agreement; 2) Employee choice of network physicians; and 3) a Dispute Resolution Process.

Case management within the WC/MCO guides the injured employee with "first day" involvement in the access, care, and treatment by the network provider to ensure the employee's questions are answered and maintain and that the employee receives timely, appropriate and quality medical care. Case managers also help injured employees, physicians, and employers initiate and coordinate return to work goals. Employees further appreciate their ability to choose an authorized treating physician from the expanded network of multiple specialties physicians. The Internal Dispute Resolution Process continues to be the service that distinguishes the certified managed care organizations. Mandatory participation in this 30 day dispute resolution process first, before referring the issue to the Board for a hearing or mediation, to address issues like a second change of physician, treatment issues, or case management concerns, can reduce the cost of a claim for both sides. Moreover, many of the disputes are resolved through this required.

WC/MCOs submit annual recertification applications and quarterly update reports to the Board for review. Specific data from our certified WC/MCOs is listed in the attached table as a total for all certified WC/MCOs. Board surveys of the doctors, employers/insurers and employees

who participate in the current certified organizations reflect positively on the managed care system.

Information on certified WC/MCOs is available from the Managed Care & Rehabilitation Division and at the Board's website. Including an educational brochure, lists of certified WC/MCOs, counties covered by the certified WC/MCOs, case management guidelines, and the WC/MCO application form with Board rules and procedures. The National Council on Compensation Insurance (NCCI) recommended a 12% credit on workers' compensation insurance premiums for those companies utilizing a managed care organization.

REHABILITATION:

Rehabilitation Division personnel closely monitored the rehabilitation cases of catastrophically injured workers. The main vehicle for monitoring is the review of the reports submitted by the rehabilitation suppliers. The supplier is required to have a current published rehabilitation plan in place for each catastrophic case so long as rehabilitation services are being delivered. Catastrophic rehabilitation plans are prepared by the suppliers and agreed to by the parties. They may be written for up to one year, with amendments required as needed. In addition, file progress report submissions are due to the Board every 90 days. When disputes arise, rehabilitation conferences are held. Conferences focus on disputes regarding such issues as plan objections, accessible housing, transportation issues, appropriate medical care, vocational issues, etc. The purpose of the rehabilitation conference is to ensure all parties are communicating and the catastrophically injured employee is receiving cost effective, timely,

appropriate and necessary

services. In addition, the rehabilitation coordinators are also called upon to issue Administrative Decisions on catastrophic rehabilitation supplier appointments, change in suppliers, rehabilitation closure/reopening, conference topics noted above, and other rehabilitation issues. As always, the Managed Care and Rehabilitation Division remains a continued resource for the case parties and rehabilitation suppliers. In this capacity, many questions and potential problems are addressed through daily telephone inquiries, thereby avoiding the need for more formal procedures.

The rehabilitation coordinators and their secretaries are also responsible for processing catastrophic designation requests. If an employer/insurer does not designate a claim catastrophic, the employee is able to file a request. The employer/insurer are given an opportunity to file an objection and then the rehabilitation coordinators render an Administrative Decision. In this capacity, division personnel also provided technical assistance to attorneys, adjusters, employees and rehabilitation suppliers regarding the catastrophic designation process. They continue to provide training programs on this and other rehabilitation issues at various seminars and events.

Certified MCO Data Rehabilitation Data

SETTLEMENTS

The objective of the Settlement Division is to fairly and expeditiously assist attorneys, employer/insurers, and employees in complying with O.C.G.A. §34-9-15, OC.G.A. § 43-9-350, and O.C.G.A. §34-9-222 .The Division assists the Appellate Division in the review and approval of stipulated settlements, lump sum advances, and Subsequent Injury Trust Fund Reimbursement Agreements.

The Settlement Division processes applications for lump sum payments, advance payments, Subsequent Injury Trust Fund Reimbursement applications, and stipulated settlements of claims. The examiners review applications for settlements to determine whether all legal requirements are met and ensure that the interests of all parties are fairly represented. Stipulated settlements may be rejected for non-compliance with statutory and board rule requirements; however, they are often corrected and approved at a later date. No-Liability settlements approved by the Board certify that the employee's injury did not occur in the course of his or her employment.

The Subsequent Injury Trust Fund (SITF) submits its reimbursement agreements to the Settlement Division for approval by the Board in compliance with OC.G.A. §43-9-350. These agreements are made between the SITF and the employer, and outline the SITF's reimbursement responsibilities to the employer. SITF agreements help to facilitate the rehire of injured workers because employers/insurers may be reimbursed in the event of employee re-injury. This also enables previously injured workers to reenter the work force.

Advance Awards provide for a part of the injured employees' permanent partial disability rating to be paid in advance. A lump sum Award provides for the entire permanent partial disability rating to be made in a single payment. Requests are reviewed for compliance with O.C.G.A. §34-9-222 and Board Rule 222. The Board often

modifies the advance before approval. The Board reserves the right to adjust the amount of the requested advance based on its determination of employee circumstances and actual need.

Examiners review and process over 13,500 stipulated settlements, 300 lump sum and advance requests, and 1,300 Subsequent Injury Trust Fund applications on an annual basis.

The Settlement Division also provides rapid responses to telephone and written inquiries as to the status of settlements or lump sum advances. The Division provides "how to" information, as well as present value calculations on an ongoing basis thereby assisting attorneys, employers/insurers, and injured workers in facilitating approval of stipulated agreements and lump sum advances.

Stipulated Settlements Approved SITF Agreements Processed Advances & Lump Sum Awards Processed

2004 STATISCAL CHARTS & TABLES

CHARTS

INDUSTRY

Chart 1 - Distribution of Processed Cases by Major Industry

Chart 2 - Part of Body Injured in Work Place Accidents 2004

Chart 3 - Most common Occurring Injuries in the Work Place 2004

Chart 4 - Claims Distribution by Age 2004

TABLES

CLAIMS WITH LOST WORKDAYS BY COUNTY

ADMINISTRATIVE SERVICES

Annual Operating Budget Assessment Figures

CLAIMS PROCESSING

Claims Created Per Calendar Year

MANAGED CARE & REHABILITATION

Certified MCO Data Rehabilitation Data

SETTLEMENTS

Stipulated Settlements Approved 2004 Subsequent Injury Trust Fund Agreements Processed 2004 Advances & Lump Sum Awards Processed 2004

Chart 1

Distribution of processed cases by major industry 2004

Chart 1 presents the distribution of reported lost time claims by industry (SIC). Of the 9,846 lost time claims reported for accident year 2004, the Services industry continues to outpace the Manufacturing sector for the greatest number of reported lost time claims*. In all instances, injuries reporting lost time were less than 50% of all reported injuries. During the last ten years the ratio of reported injuries to employment has remained relatively constant, between 1 and 2%. This year's ratio is less than 1%. Employment estimate is from the Georgia Department of Labor Workforce Information and Analysis.

*Lost Time Claims = a workers' compensation claim with more than seven (7) days of disability.

DOI Year 2004 Lost Time Claims 9,846

DOI Year 2004 Reported Injuries 32,942

Georgia Estimated Non-agricultural Employment 2004 3,838,100

Claims Distribution by Major Industry



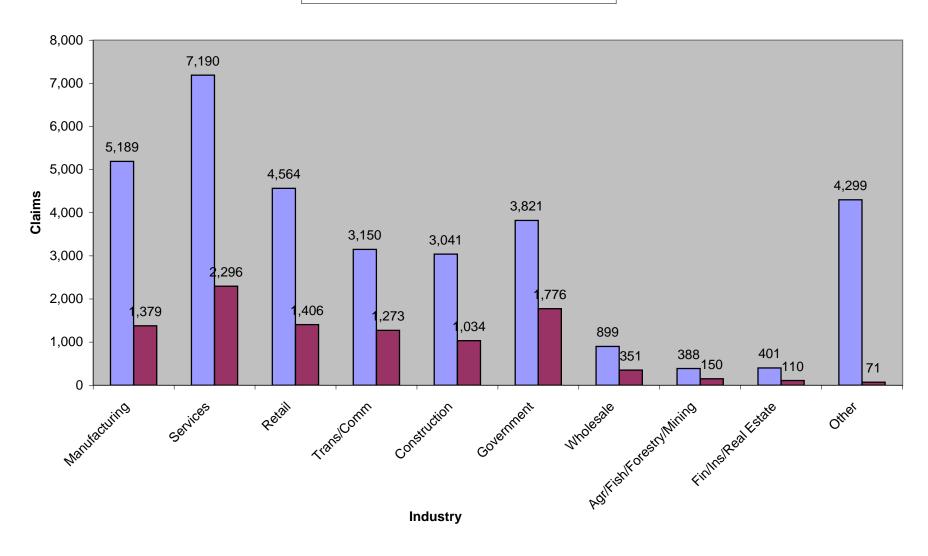


Chart 2

Part of body injured in work place accidents 2004

Injuries to the BACK continue to be the most reported single injury to the body on the Employers First Report of Injury at 10% of all injuries reported and in 11% of the injuries reporting lost time.

Body Part Injured

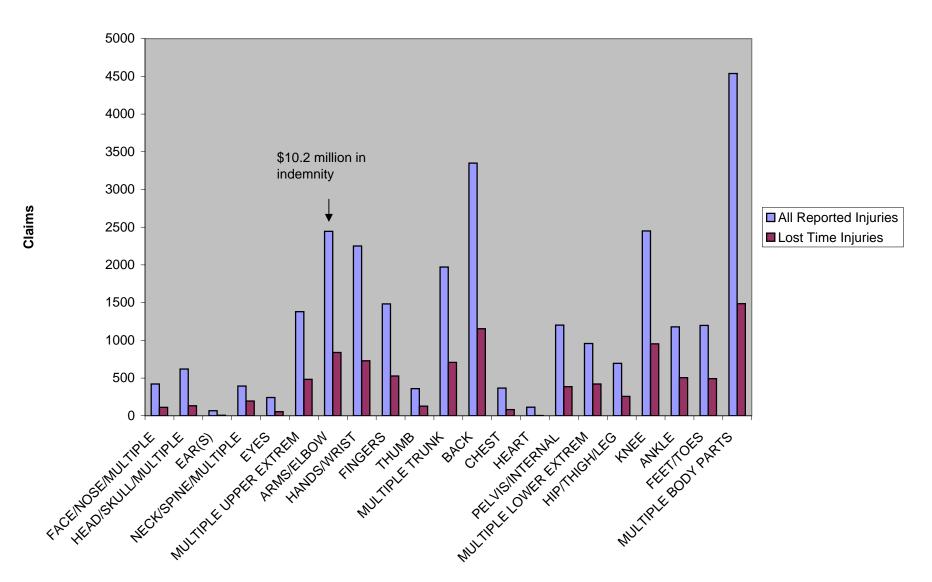


Chart 3

Most common occurring injuries in the work place 2004

This chart lists the type (nature) of injuries reported on the Employer's First Report of Injury.

ALL REPORTED INJURIES

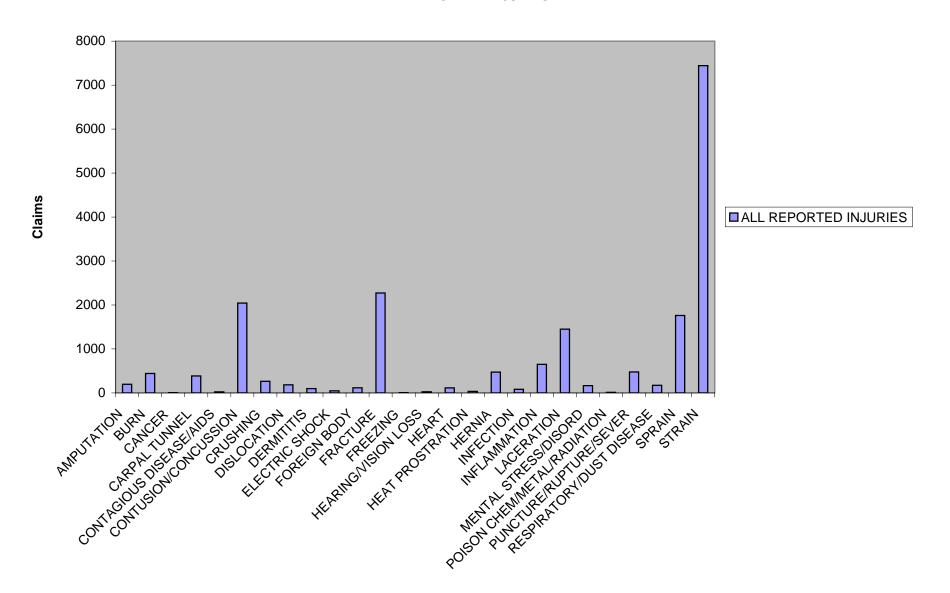
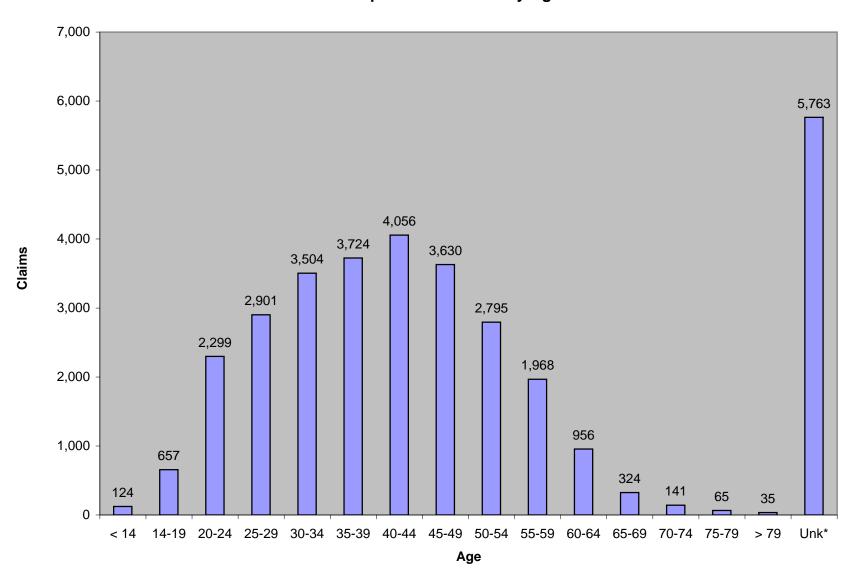


Chart 4

Claims Distribution by Age 2004

Chart 4 illustrates the age distribution of reported claims of injuries that occurred in 2004.

Workers' Compensation Claims by Age - 2004



CLAIMS WITH LOST WORKDAYS BY COUNTY

The table below shows the number of reported injuries by county for 2003.

County	Injuries	Franklin	22	Rabun	17
		Fulton	1,352	Randolph	6
Appling	20	Gilmer	24	Richmond	181
Atkinson	5	Glascock		Rockdale	80
Bacon	13	Glynn	111	Schley	7
Baker	3	Gordon	26	Screven	12
Baldwin	83	Grady	15	Seminole	8
Banks	12	Greene	15	Spalding	66
Barrow	47	Gwinnett	460	Stephens	29
Bartow	70	Habersham	37	Stewart	2
Ben Hill	28	Hall	151	Sumter	55
Berrien	19	Hancock	12	Talbot	12
Bibb	221	Haralson	13	Taliaferro	4
Bleckley	20	Harris	12	Tattnall	51
Brantley	13	Hart	32	Taylor	7
Brooks	7	Heard	7	Telfair	27
Bryan	11	Henry	125	Terrell	7
Bulloch	37	Houston	70	Thomas	62
Burke	32	Irwin	4	Tift	54
Butts	30	Jackson	65	Toombs	16
Calhoun	9	Jasper	7	Towns	6
Camden	40	Jeff Davis	5	Treutlen	1
Candler	8	Jefferson	21	Troup	56
Carroll	95	Jenkins	4	Turner	12
Catoosa	36	Johnson	9	Twiggs	5
Charlton	7	Jones	10	Union	11
Chatham	340	Lamar	14	Upson	30
Chattahoochee	3	Lanier	7	Walker	41
Chattooga	19	Laurens	66	Walton	57
Cherokee	120	Lee	28	Ware	65
Clarke	127	Liberty	56	Warren	8
Clay	7	Lincoln	2	Washington	21
Clayton	221	Long	2	Wayne	35
Clinch	2	Lowndes	138	Webster	3
Cobb	488	Lumpkin	25	Wheeler	3
Coffee	42	Macon	15	White	15
Colquitt	39	Madison	17	Whitfield	86
Columbia	44	Marion	3	Wilcox	9
Cook	23	McDuffie	18	Wilkes	3
Coweta	64	McIntosh	9	Wilkinson	9
Crawford	3	Meriwether	24	Worth	12
Crisp	39	Miller	7	Out of State	210
Dade	4	Mitchell	24	Unknown	1,640
Dawson	20	Monroe	32	Total	9,616
Decatur	33	Montgomery	7	Total	3,010
Dekalb	573	Morgan	15		
Dodge	28	Murray	18		
Dooly	15	Muscogee	155		
Dougherty	117	Newton	52		
	91	Oconee	18		
Douglas					
Early	8	Oglethorpe	6		
Echols Effingham	4	Paulding	49 30		
Effingham	15 26	Peach Pickens			
Elbert	36		22		
Emanuel	23	Pierce	17		
Evans	8	Pike	8		
Fannin	18	County	Injuries		
Fayette	90	D. II			
Floyd	106	Polk	28		
County	Injuries	Pulaski	13		
		Putnam	20		

83

Quitman

Forsyth

Administrative Services

Annual Operating Budget FY 2004

Number of Positions	166
Personal Services	\$9,757,026
Regular Operating Expenses:	
Motor Vehicle Expenses	1,400
Supplies & Materials	97,000
Postage	160,000
Repairs & Maintenance	51,850
Energy	1,800
Publications & Printing	71,500
Rents (other than Real Estate)	10,000
Insurance & Bonding	2,000
Equipment (Less than \$1,000)	57,500
Shipping/Delivery/Freight	278
Other Operating Expenses	64,287
Travel	140,600
Equipment Purchase	51,048
Real Estate Rentals	1,341,009
Per Diem, Fees & Contracts	177,100
Computer Charges	3,451,976
Telecommunications	182,744
Contracts	16,000
Payments to State Treasury	1,832,453
Total	\$17,467,571

Assessment Figures

	Premium Writings \$	Funds Collected \$	Premium Factor
2004	1,443,805,270	16,802,711	1.21

Claims Processing

Claims Created Per Calendar Year

Calendar Year	Created WC-1	Created WC-14	Total Created
2001	32,252	10,033	42,285
2002	31,002	9,387	40,389
2003	29,520	9,103	38,623
2004	26,803	9,847	36,650

Managed Care & Rehabilitation

Certified MCO Data

Employer Clients (self-insured)	13
Insurer/Insured Employers	6/1,271
Number of Employees covered	145,321
Number of Injuries	
Lost Time	446
Med Only	2,147
Number of Case Management Cases	,
Lost Time	432
Med Only	

Rehabilitation Data

Current Total Cases	1,395
Current Catastrophic Cases	1,380
(g)(1)-(5)	914
(g)(6)	452
pre-1992	14
Current Non Cat Cases	
Rehabilitation Plans Reviewed in 2004	1,555
Rehabilitation Progress Reports Reviewed in 2004	3,007
Rehabilitation Conferences held 2004	102
Catastrophic Administrative Decisions in 2004	213
Other Administrative Decisions issued in 2004	355
Telephone Consultations	3.200

Settlements

The table below summarizes the number of stipulated settlements approved in 2004.

Stipulated Settlements Approved 2004

	<u>Approved</u>	Amount Paid
Liability	10,236	\$308,187,826
No-Liability	3,452	35,587,424
Totals	13,688	\$343,775,250

Average Settlement = \$25,115.08

The table below summarizes the number of Subsequent Injury Trust Fund Reimbursement Agreements approved in 2004.

Subsequent Injury Trust Fund Agreements Processed 2004

Approved

SITF Agreements 1,384

The table below summarizes the number of Advances and Lump Sum Awards processed in 2004.

Advances & Lump Sum Awards Processed 2004

	<u>Approved</u>	<u>Denied</u>
Advance Awards	319	15
Lump Sum Awards	12	0
Totals	331	15

APPENDICES

APPENDIX A - Glossary

APPENDIX B - Contact Information

APPENDIX C – Summary of Workers' Compensation Provisions

APPENDIX D – Board Forms

APPENDIX A – GLOSSARY

Advance payment - a partial lump sum payment.

Average weekly wage - the wage upon which indemnity payments are calculated. It is the average of the weekly wages earned by an injured employee for the 13 weeks immediately preceding the injury.

Benefit cost - payments made or payable to an occupationally ill employee, dependent(s) or the Subsequent Injury Trust Fund, including indemnity for lost wages, medical, and other miscellaneous cost.

Actual benefit cost - actual benefit cost as reported to date during the life of the claim. Does not include anticipated future cost.

Claim - a request for payment of money or for necessary services, in accordance with the workers' compensation law, based upon occurrence of a work-related injury or illness.

Closed claim - a workers' compensation claim in which all benefits due have been paid.

Compensable claim - a workers' compensation claim which qualifies the injured or occupationally ill worker or dependents for any of the benefits under the workers' compensation law, whether compensation for loss of earnings, medical treatment, rehabilitation, etc.

Indemnity benefit (income benefit) - payments made under the provisions of the workers' compensation law to the injured or occupationally ill worker, dependent(s) or the Subsequent Injury Trust Fund, excluding payment made for burial, medical or related expenses.

Indemnity claim - a workers' compensation claim in which an indemnity payment was made.

Lost time claim -a workers' compensation claim in which more than seven days of disability have occurred.

Lost work days - actual days on which, because of occupational injury or illness, the employee was away from work. The number of lost workdays (consecutive or not) does not include the day of injury or onset of illness or any normal scheduled off days even though able to work. Fatalities are calculated at one day or actual lost work days to date of death.

Lump sum payment - a single payment of all remaining weekly indemnity benefits.

Medical-only claim - an occupational injury or illness, where medical and related benefits are paid or payable, but where indemnity benefits are not payable.

Nature of injury or illness - identifies the injury or injured or illness in terms of its principal physical characteristics such as burns, poisoning, and sprains.

Open claim - a claim in which benefits may still be payable.

Part of body - identifies the part(s) of the injured or ill person's body directly affected by the injury or illness described.

Permanent partial disability - partial in character but permanent in quality, resulting from loss or loss of use of body members or from partial loss of use of the employee's body as a whole.

Processed claim - a claim, open or closed, for which data from at least one case progress report has entered the electronic data information system, in addition to code data from the first report of injury.

Source injury or illness - identifies the object, substance, exposure, or bodily motion which directly produced or inflicted the injury or illness described; for example: chemicals, machines, and ladders.

Stipulated settlement - final resolution of a contested claim by an agreement of the parties and approval of the three-member Board.

Temporary partial disability - partial in character but temporary in quality; able to perform work at a reduced rate of pay for no more than 350 weeks immediately following an occupational injury and before the employee has reached maximum recovery.

Total disability - total in character and either temporary or permanent in quality; unable to perform any work for pay as a result of an occupational injury or illness.

Type of accident - identifies the event which directly resulted in the injury or illness, such as a fall, robbery or criminal assault, and motor vehicle accident.

APPENDIX B

Contact Information

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APPENDIX C

Summary of Workers' Compensation Provisions

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APPENDIX D

GEORGIA STATE BOARD OF WORKERS' COMPENSATION FORMS JULY 2005

FORM#	REVISION	COLOR	TITLE
WC-BOR	03	Pink	Bill of Rights for the Injured Worker
WC-BORSp	03	Pink	Bill of Rights for the Injured Worker in Spanish
WC-P1	02	Pink	Panel of Physicians
WC-SpP1	03	Pink	Panel of Physicians in Spanish
WC-P2	01	Pink	Conformed Panel of Physicians
WC-SpP2	03	Pink	Conformed Panel of Physicians in Spanish
WC-P3	01	Pink	WC/MCO Panel
WC-SpP3	03	Pink	WC/MCO Panel in Spanish
WC-1	03	White	Employer's First Report of Injury
WC-2	03	White	Notice of Payment or Suspension of Benefits
WC-2a	03	White	Notice of Payment or Suspension of Death Benefits
WC-3	01	White	Notice to Controvert
WC-4	03	White	Case Progress Report
WC-6	00	White	Wage Statement
WC-7			Application for Self Insurance
			*Packet Available through Licensure & Quality AssuranceDivision (404) 656-4893
WC-10	99	White	Notice of Election or Rejection of Workers' Compensation Coverage
WC-11	98	White	Standard Coverage Form Group Self-Insurance Fund Members
WC-12	03	White	Request for Copy of Board Records
WC-14	04	White	Notice of Claim/Request for Hearing/Request for Mediation
WC-15	02	White	Attorney Affidavit for No Liability Stipulations
WC-20(a)	99	White	Medical Report
WC-25	03	White	Application for Lump Sum/Advance Payment
WC-26	00	White	Consolidated Yearly Report of Medical Only Cases
WC-100	04	White	Request for Settlement Mediation
WC-102	03	White	Request for Documents to Parties
WC-102B	02	White	Notice of Representation
WC-102C	02	White	Attorney Leave of Absence
WC-102D	04	White	Motion/Objection to Motion
WC-104	98	White	Notice to Employee of Medical Release to Return to Work with Restrictions or
			Limitations
WC-108a	01	White	Attorney Fee Approval
WC-108b	01	White	Attorney Withdrawal/Lien
WC-121	98	White	Notice of Use of Servicing Agent
WC-200a	99	White	Change of Physician/Additional Treatment by Consent
WC-200b	04	White	Request/Objection for Change of Physician/Additional Treatment
WC-205	01	White	Request for Authorization of Treatment or Testing by Authorized Medical Provider
WC-206	03	White	Notice of Intent to Become a Party at Interest
WC-207	04	White	Authorization and Consent to Release Information
WC-208a	98	White	Application for Certification of WC/MCO *Packet available through Managed Care & Rehabilitation Division (404) 656-3784
WC-226(a)	04	White	Petition for Appointment of Temporary Guardianship of Minor
WC-226(b)	04	White	Petition for Appointment of Temporary Guardianship of Legally Incapacitated Adult
WC-240	02	White	Notice to Employee of Offer of Suitable Employment
WC-240A	02	White	Job Analysis
WC-243	98	White	Credit/Reduction in Benefits
WC-244	98	White	Notice of Intent to Become a Party of Interest
WC-R1	04	White	Request for Rehabilitation
WC-R1CATEE	04	White	Employee's Request for Catastrophic Designation
WC-R2	04	White	Rehabilitation Transmittal Form
WC-R2a	04	White	Individualized Rehabilitation Plan
WC-R3	04	White	Request for Rehabilitation Closure